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	MULTIPLE DEF	ENDENT CLAIM	PRESENT		· □		+ 18			ļ		
	• If the difference in column 1 is less than zero, enter "0" in column 2							L		OR +360		
	CLAIMS AS AMENDED - PART II							" L		ATOT RO	L <u>/9//</u> Er than	
-	(Column 1) (Column 2) (Column 3						SMAL	L ENTI	ry o		L ENTITY	
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th the entry in column 1 is less than the entry in column 2, write "o" in column 3.												
	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in cohumn 1.											